PTC/SB/06 (07-06)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/821,173			ing Date 09/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									ENTITY [HER THAN ALL ENTITY		
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		•	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(I))		minus 20 =		•			x \$ =		OR	_x		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 =		• .			X \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets or 35 U.S.C. 41(a)(1)(G)			ill entity) for each or fraction thereof. See			,				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											ļ		
* If t	he difference in colu	ımn 1 is less tha	r "0" in co		TOTAL			TOTAL					
APPLICATION AS AMENDED – PART II OTHER TH (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN											ER THAN ALL ENTITY		
AMENDMENT	03/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 34	Minus	** 34		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 7	Minus	***7		= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))									<u> </u>			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								i	OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
9	./7.07	(Column 1)			mn 2)	(Column 3)				T			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 34	Minus	3	4			x \$ =		OR	x \$ =		
	Independent (37 CFR 1.18(h))	· 7	Minus	***	7	=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									1			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
							• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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